

# Illness or Death Report

Illness and Death Menu

OMB No. 0920-0134  
Expiration 07/31/2015

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**For urgent reports\***, in addition to filling out this template, call immediately the CDC quarantine station at or closest to the next port of arrival.  
\*Urgent reports include suspected cases of cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, viral hemorrhagic fever, severe acute respiratory syndrome (SARS), novel influenza viruses, meningococcal disease, measles, mumps, rubella, pertussis, and unusual illness, cluster of illnesses or deaths due to a communicable disease.

All fields are required.  
(Acceptable Characters: a-z A-Z 0-9 space ! . : ; ? )

Ship Name	Vspbeta	Ship Line	VSP Office Cruise Line
Voyage No.		Cruise Length(Days)	
Emergency Contact Name		Emergency Contact Number	
Email Receipt To			
Embarkation Port	Alexandria, VA	Embarkation Date	(mm/dd/yyyy)
Next U.S. Arrival Port	Alexandria, VA	Next U.S. Arrival Port Date Time	12 : 00 (24 Hour) (mm/dd/yyyy)
Disembarkation Port	Alexandria, VA	Disembarkation Date	(mm/dd/yyyy)

### Information on Illness or Death

You must enter at least one case. You must select at least one sign and symptom. If the sign or symptom is not in the list, enter text into the "Other" textbox

Case No. <input type="text"/>	<b>Signs and Symptoms (check all that apply)</b>			
Report Type: <b>Illness During Travel</b>	<input type="checkbox"/> Fever/Recent Fever History	<input type="checkbox"/> Skin Rash	<input type="checkbox"/> Conjunctivitis/eye redness	<input type="checkbox"/> Persistent Cough
Crew or Passenger: <b>Passenger</b>	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Difficulty Breathing/Shortness of Breath	<input type="checkbox"/> Swollen Glands	<input type="checkbox"/> Severe vomiting
<input type="checkbox"/> Illness/Death is Part of a Cluster/Outbreak	<input type="checkbox"/> Severe diarrhea	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Headache	<input type="checkbox"/> Neck stiffness
	<input type="checkbox"/> Decreased Consciousness	<input type="checkbox"/> Recent focal Weakness/Paralysis	<input type="checkbox"/> Unusual Bleeding	<input type="checkbox"/> Obviously unwell
	<input type="checkbox"/> Injury	<input type="checkbox"/> Chronic condition	<input type="checkbox"/> Asymptomatic	
	Other <input type="text"/>			
Presumptive Diagnosis or Cause of Death	<input type="text"/>			
If 'Other', please specify:	<input type="text"/>			
<b>Add case to report</b>	<b>Clear Signs and Symptoms</b>			

Make sure to click "Add case to report" after entering your case.

Only submit reports after adding all cases.  
**Submit Report**   **Reset**

Must enter at least one case.

Public reporting burden of this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-0134.